

<i>SERFF Tracking Number:</i>	<i>CAIC-126176958</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>42573</i>
<i>Company Tracking Number:</i>	<i>7323</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>AR CI GT Rider 09</i>		
<i>Project Name/Number:</i>	<i>AR CI GT Rider 09/7323</i>		

Filing at a Glance

Company: Continental American Insurance Company

Product Name: AR CI GT Rider 09

SERFF Tr Num: CAIC-126176958

State: ArkansasLH

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed

State Tr Num: 42573

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: 7323

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Lindsay Morden

Disposition Date: 06/04/2009

Date Submitted: 06/04/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR CI GT Rider 09

Project Number: 7323

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/04/2009

Deemer Date:

Filing Description:

June 4, 2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 06/04/2009

Corresponding Filing Tracking Number: 7323

Ms. Rosalind Minor

Arkansas Insurance Department

1200 West Third Street

SERFF Tracking Number: CAIC-126176958 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 42573
Company Tracking Number: 7323
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: AR CI GT Rider 09
Project Name/Number: AR CI GT Rider 09/7323
Little Rock, AR 72201-1904

Re: CONTINENTAL AMERICAN INSURANCE COMPANY NAIC 71730

CAI2800AR2839 Genetic Screening Test Rider

The above captioned rider will provide a Genetic Screening Test Benefit when attached to our previously approved group critical illness filing, CAI2800AR, et al. These forms were approved by your department on 05/13/08. This rider will be available for both new sales and to in force groups that have our previous group critical illness product.

This product will be marketed on a voluntary, payroll deduction basis. It offers coverage to insured's and their dependant spouses.

Your consideration and approval is requested. If you have any questions, please contact Lindsay Morden at (888) 730-2244 4335 or you can email me at companycompliance@caicworksite.com.

Sincerely,

James J. Hennessy, AIRC, CCP
Vice President, Compliance

SERFF Tracking Number: CAIC-126176958 State: Arkansas

Filing Company: Continental American Insurance Company State Tracking Number: 42573

Company Tracking Number: 7323

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: AR CI GT Rider 09

Project Name/Number: AR CI GT Rider 09/7323

Company and Contact

Filing Contact Information

Lindsay Morden, Imorden@caicworksite.com
2801 Devine Street (803) 461-4335 [Phone]
Columbia, SC 29205

Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
2801 Devine Street Group Code: Company Type: LAH
Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:
Co
(803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$50.00	06/04/2009	28343877

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/04/2009	06/04/2009

<i>SERFF Tracking Number:</i>	<i>CAIC-126176958</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>AR CI GT Rider 09/7323</i>		

Disposition

Disposition Date: 06/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CAIC-126176958</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	submission letter	Approved-Closed	Yes
Form	rider	Approved-Closed	Yes

SERFF Tracking Number: CAIC-126176958 State: Arkansas

Filing Company: Continental American Insurance Company State Tracking Number: 42573

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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: AR CI GT Rider 09

Project Name/Number: AR CI GT Rider 09/7323

Form Schedule

Lead Form Number: CAI2839

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CAI2839	Policy/Cont rider	ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	CAI2839 2009 CI GT rider.pdf



2801 Devine Street, Columbia, South Carolina 29205
(800)433-3036

**GENETIC SCREENING TEST RIDER
TO CERTIFICATE OF INSURANCE FOR SPECIFIED CRITICAL ILLNESS**

This rider is a part of the certificate to which it is attached. We have issued this rider to you because (1) you paid the additional premium for this rider; and/or (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider.

BENEFIT

We will pay this benefit for Genetic screening tests *performed and recommended by a physician for the purpose of determining your risk of an illness or condition covered under this Your certificate*. The Genetic test must be performed by a physician and while this Your Certificate is in force. We will pay the amount shown in the Certificate Schedule. This benefit is payable once per calendar year up to the maximum benefit amount shown in your Certificate Schedule.

This benefit is payable in addition to the wellness benefit. This benefit is not payable for Dependent Children. Payment of this benefit will not reduce the face amount of the Certificate.

LIMITATIONS AND EXCLUSIONS

This Rider contains a 30-day Waiting Period. This means no benefits are payable for any Insured who has a Genetic screening test before coverage has been in force 30 days from the Insured's Effective Date shown in the Rider Schedule.

GENERAL PROVISIONS

This Rider is part of the Critical Illness Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable for the number of years shown in the Rider Schedule or until the Rider terminates.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office.

A handwritten signature in black ink, appearing to read "Eugene C. Smith", written over a horizontal line.

President

RIDER SCHEDULE

Insured -	[John A. Doe]	Group Policy Number -	[XXXX]
Effective Date -	[July 1, 2009]	Certificate Number -	[XXXX]
*Initial Premium -	[\$00.00 Monthly]	First Renewal Date -	[August 1, 2009]

BENEFITS

Genetic Screening Testing Benefit: [\$250 - \$5,000 by \$250 increments] per test per Insured
Payable once per calendar year

Not payable for Dependent Children.

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/04/2009
Comments:				
Attachment:				
CAIC Readability Certificate.pdf				
Bypassed -Name:	Application	Review Status:	Approved-Closed	06/04/2009
Bypass Reason:	not filing a policy only a rider			
Comments:				
Satisfied -Name:	submission letter	Review Status:	Approved-Closed	06/04/2009
Comments:				
Attachment:				
AA Genetic Testing Submission letter.pdf				



Continental American
INSURANCE COMPANY

READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following form has the following combined policy, certificate, rider and application readability score as calculated by the Flesch Reading Ease Test: **50**.

Form

CAI2839

Genetic Screening Test Rider

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance, CAIC

____ June 4, 2009 _____
Date



**2801 Devine Street
Columbia, South Carolina 29205**

June 4, 2009

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: CONTINENTAL AMERICAN INSURANCE COMPANY NAIC 71730
CAI2839 Genetic Screening Test Rider**

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James J. Hennessy, AIRC, CCP
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